

| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>192</p> <p>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)</p> </div> <div style="width: 30%;"> <p>SERIAL NO. 09/559 223</p> <p>APPLICANT(S)</p> </div> <div style="width: 25%;"> <p>FILING DATE 4-26-00</p> </div> </div> | | | | | | | | | | | | | |
|--|----------|------|------------------------|------|------------------------|------|--------------|------|------|------|------|------|------|
| CLAIMS | | | | | | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | * | | * | | * | |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | | | | | | | 51 | | | | | | |
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| 48 | | | | | | | 98 | | | | | | |
| 49 | | | | | | | 99 | | | | | | |
| 50 | | | | | | | 100 | | | | | | |
| TOTAL IND. | 31 | | | | | | TOTAL IND. | | | | | | |
| TOTAL DEP. | 129 | | | | | | TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | 160 | | | | | | TOTAL CLAIMS | | | | | | |

| <div style="float: left; width: 10%;">292</div> <div style="float: right; width: 80%;"> MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) </div> <div style="clear: both;"></div> | | | | | | | SERIAL NO. 69/559-223 | | FILING DATE 04-26-00 | |
|--|----------|------|------------------------|------|------------------------|------|---------------------------------|--|--------------------------------|--|
| | | | | | | | APPLICANT(S) | | | |
| CLAIMS | | | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | | | |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | | | |
| 101 | | 3 | | | | | | | | |
| 102 | 1 | | | | | | | | | |
| 103 | 1 | | | | | | | | | |
| 104 | | 1 | | | | | | | | |
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| 120 | | 3 | | | | | | | | |
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| 124 | 1 | | | | | | | | | |
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| 137 | 1 | | | | | | | | | |
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| 140 | 1 | | | | | | | | | |
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| TOTAL IND. | 20 | | | | | | | | | |
| TOTAL DEP. | 30 | | | | | | | | | |
| TOTAL CLAIMS | 50 | | | | | | | | | |
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| TOTAL IND. | | | | | | | | | | |
| TOTAL DEP. | | | | | | | | | | |
| TOTAL CLAIMS | | | | | | | | | | |